FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P15372** **(6)**

1. Corporation Name
FRANCHISE ASSOCIATES, INC. OF DELAWARE

Principal Place of Business	Mailing Address
541 MAIN STREET S. MEYMOUTH MA 02190	541 MAIN STREET S. MEYMOUTH MA 02190

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/28/1987**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **04-2919791** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BOROFSKY, MILTON	12 NAME	
STREET ADDRESS	141 MOHAWK TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	GREENFIELD MA 01301	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BROWN, GORDON	22 NAME	
STREET ADDRESS	P.O. BOX 1135 N/A	23 STREET ADDRESS	
CITY-ST-ZIP	WHITE RIVER JCT VT 05001	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PRESSELLER, JERRY	32 NAME	
STREET ADDRESS	55 TAMIANI TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 19013	34 CITY-ST-ZIP	
TITLE	VAT	41 TITLE	☐ Change ☐ Addition
NAME	MACARTHUR, JAMES Y.	42 NAME	
STREET ADDRESS	541 MAIN ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SO. WEYMOUTH MA	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	BRYANT, JAMES	52 NAME	
STREET ADDRESS	131 INDUSTRIAL AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	54 CITY-ST-ZIP	
TITLE	VCD	61 TITLE	☐ Change ☐ Addition
NAME	DESANTIS, CARL	62 NAME	
STREET ADDRESS	RR #2 BOX 2382 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE GEORGE NY 12845	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James MacArthur — 4/27/95 — (617)337-7940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James MacArthur, Vice President & Treasurer

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